

| POSITION            | INITIALS | ID NO. | DATE    |
|---------------------|----------|--------|---------|
| FEE DETERMINATION   | CS       |        | 6/11/99 |
| O.I.P.E. CLASSIFIER |          | 10     | 6/18/99 |
| FORMALITY REVIEW    | RF       | 70556  | 6-24-99 |

## INDEX OF CLAIMS

|                     |            |   |              |
|---------------------|------------|---|--------------|
| ✓                   | Rejected   | N | Non-elected  |
| =                   | Allowed    | I | Interference |
| — (Through numeral) | Canceled   | A | Appeal       |
| ÷                   | Restricted | O | Objected     |

| Claim | Final | Original | Date    |
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| 1     | 1     | 1        | 3/10/99 |
| 2     | 1     | 1        | 3/10/99 |
| 3     | 1     | 1        |         |
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| 10    | N     |          |         |
| 11    | N     |          |         |
| 12    | N     | N        | N       |
| 13    | ✓     | ✓        | ✓       |
| 14    | ✓     |          |         |
| 15    | ✓     |          |         |
| 16    | ✓     |          |         |
| 17    | ✓     | ✓        |         |
| 18    | N     | N        | N       |
| 19    | N     | 1        |         |
| 20    | N     |          |         |
| 21    | N     |          |         |
| 22    | N     |          |         |
| 23    | N     |          |         |
| 24    | N     | N        | N       |
| 25    | ✓     | ✓        | ✓       |
| 26    | ✓     |          |         |
| 27    | ✓     |          |         |
| 28    | ✓     |          |         |
| 29    | ✓     |          |         |
| 30    | ✓     |          |         |
| 31    | ✓     |          | ✓       |
| 32    | ✓     |          | 0       |
| 33    | ✓     | ✓        | ✓       |
| 34    | ✓     | ✓        | ✓       |
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| Claim | Final | Original | Date |
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| 148   |       |          |      |
| 149   |       |          |      |
| 150   |       |          |      |

If more than 150 claims or 10 actions  
staple additional sheet here

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